

417)

RECEIVED SECRETARY OF THE SENATE AGE 1/2 PUBLIC RECORDS

FEC FORM 2 STATEMENT OF CANDIDACY

2018 FEB 27 AM 9: 32

MANCHIN, JOE; III. (b) Address (number and street)							-				
(c) City, State, and ZIP Code FAIRMONT PARTY Affiliation DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. Increby designate the following, named political committee as my Principal Campaign Committee for the 2018 election(s). NOTE: This designation should be filled with the appropriate office listed in the instructions. (d) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) PO BOX 5202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Regresentatives) (d) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) PO BOX 5202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Regresentatives) NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of reaching committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA: VA 22314 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(a) Name of Candidate (in full)										
(c) City, State, and ZIP Code FAIRMONT (b) Address (number and street) PO BOX \$202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundatising Representatives) It hereby authorize the following named committee which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidates. DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundatising Representatives) It hereby authorize the following named committee, which is NOT my principal campaign, committee, to receive and expend funds on behalf of reandidates. NOTE: This designation should be filed with the appropriate office listed in the instructions. DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundatising Representatives) B. I hareby authorize the following named committee, which is NOT my principal campaign, committee, to receive and expend funds on behalf of reandidates. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Certificate MAYORIN: JOE III NOTE: Submission of false, enrolleous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. NOTE: Submission of false, enrolleous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(b) Address (number and street)										
(c) City, State, and ZIP Code FAIRMONT Perty Affiliation DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE (i) hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (ii) www. 00 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE (i) hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (iii) www. 00 NOTE: This designation should be filed with the appropriate office listed in the instructions. (iii) ware of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) FO BOX 2202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralsing Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1/51 POTOMAC GREENS DRIVE. (c) City, State, and ZIP Code ALEXANDRIA I certify that I have examined this Statement and to the best of my knowledge and belief it is true; correct and complete. Date Oz. 1/5-1/8 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g. NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.	1668 FAIRMONT AVENUE						10	Now			Amended
Party Affiliation DEMOCRATIC PARTY DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. NOTE: This designation should be filed with the appropriate office listed in the instructions. NOTE: This designation should be filed with the appropriate office listed in the instructions. NOTE: This designation should be filed with the appropriate office listed in the instructions. DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. I hareby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE. (c) City: State, and ZIP Code ALEXANDRIA I certly that I have examined this Statement and to the best of my knowledge and belief it is true; correct and complete. Date Obte Obte October 1961 Statement to penalties of 2 U.S.C. \$437g. NOTE: Submission of false, erroheous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.			WV 2655	4 ~	3.				OR	×	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my principal Campaign Committee for the (year of election(s)). NOTE: This designation should be filled with the appropriate office listed in the instructions. (a) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) PO BOX \$202 (c) City: State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City: State, and ZIP Code ALEXANDRIA: VA 22314 I certify that I have examined this Statement and to the best of my knowledge and belief it is true; correct and complete. Date Option NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g. NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.		15 Office Sought	· · · · · · · · · · · · · · · · · · ·	6. State & Dist	rict.o	Candidate					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s). (a) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) PO BOX \$202 (c) City: State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralising Representatives) 8. I hereby, authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidate, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidate; (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City: State, and ZIP Code ALEXANDRIA 1 Cariffy that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature pt-Sandidate MAYCHIN. JOE III NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		I ' -		.wv		00					
I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election): (a) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) PO BOX 5202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralsing Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidate. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA: (c) City, State, and ZIP Code ALEXANDRIA: (c) City, State, and ZIP Code ALEXANDRIA: (d) Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g. NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.		SIGNATION OF P	PRINCIPAL	CAMPAIGI	N C	TTIMMC	EE				
NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA (b) Address (number and street) PO BOX 5202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralsing Representatives) 8. I hereby, authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE. (c) City, State, and ZIP Code ALEXANDRIA: YA 22314 **I Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Endidate Mayoriin. JOE III Date **OZ - 1/5 - 1/8 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						for the	2018			on(s).	
(a) Name of Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundrating Representatives) It hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City: State, and ZIP Code: ALEXANDRIA 1 certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate MAYERIN. 10E III NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.	d				-	(ýe	ar of	election	5)		
(b) Address (number and street) PO BOX 5202 (c) City, State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralsing Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of recoidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA I Gerthy that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Committee (in full) Date Obte Obte		filed with the appropriate	office listed in t	ne instructions.							<u></u>
(c) City. State, and ZIP Code CHARLESTON DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. I hereby, authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City. State, and ZIP Code ALEXANDRIA I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature pt-estididate MAYERIN, JOE III Date Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.	(a) Name of Committee (in full)	ECT VIDCINIA									
(c) City: State, and ZIP Code CHARLESTON WV. 25361 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE. (c) City: State, and ZIP Code: ALEXANDRIA I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Committee (in full) Date Obte O2 - 15 - 18 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. \$437g.	MANCHIN FOR WI	EST ATEQUATE									
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA: VA 22314 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date A2 - /5 - /8 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(b) Address (number and street) PO BOX 5202										
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code: ALEXANDRIA: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate MANUALIN, JOE III Date 12 - /5 - /8 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(c) City: State, and ZIP Code	· .									
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) DEMOCRATS FOR OPPORTUNITY FUND (b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA (c) City, State, and ZIP Code ALEXANDRIA (c) City that I have examined this Statement and to the best of my knowledge and belief it is true; correct and complete. Signature of Candidate MANCHIN, JOE III Date 62 - 15 - 18 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.				WV.		25361					
(b) Address (number and street) 1751 POTOMAC GREENS DRIVE (c) City, State, and ZIP Code ALEXANDRIA: I certify that I have examined this Statement and to the best of my knowledge and belief it is true; correct and complete. Signature of candidate MANCHIN, JOE, III NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		e filed with the principal ca	impaign commi	itee.					·		
(c) City. State, and ZIP Code ALEXANDRIA I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of candidate MANCHIN, JOE, III NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(a) Name of Committee (in full) DEMOCRATS FO	R OPPORTUNIT	TÝ ĐUND								
ALEXANDRIA: I certify that I have examined this Statement and to the best of my knowledge and belief it is true; correct and complete. Signature of Candidate MANCHIN. JOE III NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(b) Address (number and street) 1751 POTOMAC GREENS	DRIVE									
Signature of Candidate MANCHIN. JOE III NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(c) City, State, and ZIP Code										
Signature of candidate MANCHIN, JOE, III OZ - /5 - /8 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	ALEXANDRIA			,VA		22314					
Signature of candidate MANCHIN, JOE, III OZ - /5 - /8 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	I certify that I have e	examined this Statement a	and to the best o	of my knowledge	and	belief it is tr	ue, c	rrect a	nd comp	oletė.	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						ate					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		AAB				02	/	5-1	8		
		-1	. —	NAME OF TAXABLE PARTY.			·				
		71/11				unia Óbalana		nonalti.	ne of 2 l	is c	84370
	NOTE: Submission of false, erroned	ous, or incomplete informa	ition may subject	t the person sig	ning	tuis stateme	ent to	heirard	5 01.2	J. G. G.	2-10.8
				:							
FEC FORM 2 (REV										in the San	o vinitto dia ten

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

	2		9
Page		of	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives)

candidacy. NOTE: This designation should be filed with the candidacy. Name of Committee (in full)			
IN MO MT WV VICTORY FUND			
INTINIO INT. AA. AIC'I OPER I OUR			
(b) Address (number and street) 918 PENNSYLVANIA AVE SE			
5161 ENNO12574 W			
(c) City, State, and ZIP Code			
WASHINGTON"	;DC;	20003	
I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with t	is NOT my principal campaign he principal campaign committe	ommittee, to receive and expend fund i.	s on behalf of my
(a) Name of Committee (in full)			. "
SENATE 2018 IMPACT			
(b) Address (number and street) 918 PENNSYLVANIA AVE SE			
(c) City, State, and ZIP Code			
(c) City, State, and ZIP Code WASHINGTON: Thoseby suthorize the following named committee: which	DC	20003	s on behalf of my
,WASHINGTOÑ }	is NOT my principal campaign	committee, to receive and expend fund	s on behalf of my
WASHINGTON I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)	is NOT my principal campaign	committee, to receive and expend fund	s on behalf of my
WASHINGTON I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full) (b) Address (number and street)	is NOT my principal campaign the principal campaign committee	committee, to receive and expend fund committee, to receive and expend fund	
WASHINGTON I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code.	is NOT my principal campaign the principal campaign committee	committee, to receive and expend fund committee, to receive and expend fund	
WASHINGTON I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code.	is NOT my principal campaign the principal campaign committee	committee, to receive and expend fund committee, to receive and expend fund	

2014年227日20日日17日報日報

MANCHIN FOR WES PO BOX 5202

CHARLESTON, WV 25361





U.S. POSTAGE PAID CHARLESTON, WV FEB 21, 18 AMOUNT





1000

20013

3,5

US Senate Public Records Office PO Box 77578

Screened by CAS3 Senate Post Office

Washington, DC 20013

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

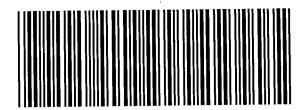
WASHINGTION, DC 20510-7116 . PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

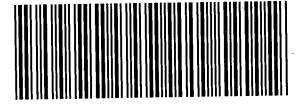
HAND DELIVERED	Date of Receipt
USPS FIRST CLASS MAIL	Date of Receipt Postmark
LICES DECISTEDES (CERTIFIES	2-21-14
USPS REGISTERED/CERTIFIED	Postmark
USPS PRIORITY MAIL	
	Postmark
DELIVERY CONFIRMATION O	R SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL	Postmark
OVERNIGHT DELIVERY SERVI	CE:
SHIPPIN	IG DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	
UPS	
DHL	
AIRBORNE EXPRESS	<u> </u>
RECEIVED FROM FEDERAL EL	ECTION COMMISSION
POSTMARK ILLEGIBLE	NO POSTMARK
FAX	
OTHER	
Date of Receipt	2-7-1
PREPARER DH	DATE PREPARED

١



1

SEN PATCH



SEN PATCH